CHAPTER 2
SECTION 9

INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (T - Z)

DATA ELEMENT DEFINITION

ELEMENT NAME: TIME			

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-021	1	Yes[1]
Non-Institutional	2-021	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters
DEFINITION	Unique system time assigned by the claims processor's computer system when issuing an initial HCSR record.
CODE/VALUE SPECIFICATIONS	Issued in MMSSHH (Minutes, Seconds, Hundredths)
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] **System Time that is issued only on initial HCSR record. Used as part of the Health Care Service Record (HCSR) Indicator field for unique key definition. Type of Submission A, C, F and G HCSRs should be submitted using the same Time value as the initial HCSR. An initial Type of Submission B HCSR should be submitted with a unique Time value. Any subsequent Type of Submission B records for the same HCSR should be submitted with the same Time value as the initial. A Type of Submission E HCSR, for which there has never been a Type of Submission B HCSR submitted, should contain a unique Time value. A Type of Submission E HCSR for which there has been an initial Type of Submission B record submitted should use the same Time value as the initial record.**

DATA ELEMENT DEFINITION

ELEMENT NAME: TOTAL BED DAYS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-295	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Three (3) signed numeric digits.
DEFINITION	Number of days of hospital care. Sum of allowed and denied days on the bill.
CODE/VALUE SPECIFICATIONS	The day of admission is to be counted as a hospital day. The day of discharge is not to be counted as a hospital day.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] If initial, interim, or final statement, enter the number of days in the period covered by the HCSR.

DATA ELEMENT DEFINITION

ELEMENT NAME:	TOTAL CHARGE BY REVENUE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-375	Up to 50	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimal places.
DEFINITION	Amount billed for this revenue code.
CODE/VALUE SPECIFICATIONS	Must be equal to or less than 999999.99 unless Revenue Code 001 which must be equal to or less than 9999999.99.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: TOTAL CHARGE FOR PROCEDURE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-305	Up to 25	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) signed numeric digits including two (2) decimals.
DEFINITION	Amount billed by the provider for this (these) service(s)/ supply(ies).
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
  N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	TYPE OF ADMISSION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-260	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	A code indicating the type of this admission.

CODE/VALUE SPECIFICATIONS	1	Emergency	The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room.
	2	Urgent	The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation.
	3	Elective	The patient's condition permits adequate time to schedule the availability of a suitable accommodation.
	4	Newborn	Use of this code necessitates the use of special Source of Admission codes (A through D). Must not be used for the mother.

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	ADMISSION CODE

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF INSTITUTION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-230	1	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters required.
DEFINITION	A code describing the type of institution for institutional providers.
CODE/VALUE SPECIFICATIONS	Refer to Addendum D.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
   N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	TYPE OF SERVICE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-325	Up to 25	Yes[1]

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.
DEFINITION	Code to indicate the type of service provided.
CODE/VALUE SPECIFICATIONS	Format XX

First Position Values

	A	Ambulatory surgery cost-shared as inpatient (Active Duty family members only)
	C	Air Force CAM primary/preventive outpatient care (Effective prior to 04/97)
	I	Inpatient
	K	Emergency Room Admission cost-shared as inpatient.
	O	Outpatient, Excluding M, P, or N, below
	M	Outpatient maternity care cost-shared as inpatient
	P	Outpatient partial psychiatric hospitalization care cost-shared as inpatient
	N	Outpatient cost-shared as inpatient

Type of Service Codes Second Position Values

	1	Medical Care
	2	Surgery
	3	Consultation
	4	Diagnostic/Therapeutic X-Ray
	5	Diagnostic Laboratory
	6	Radiation Therapy
	7	Anesthesia
	8	Assistance at Surgery
	9	Other Medical Services & Supplies

NOTES AND SPECIAL INSTRUCTIONS:

[1] **The first position values must be consistent for all detail occurrences in the HCSR; however, 'I', 'M' and 'K' can be reported on the same HCSR. Separate HCSR suffixes are required for 'A,' 'C,' 'O,' 'P', and 'N'.**

DATA ELEMENT DEFINITION

ELEMENT NAME: TYPE OF SERVICE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	A	DME Rental/Purchase
	B	Drugs
	C[1]	Ambulatory Surgery
	D	Hospice
	E	Second Opinion on Elective Surgery
	F	Maternity
	G	Dental
	H	Mental Health Care
	I	Ambulance
	J	Program for Persons with Disabilities
	K	Physical/Occupational Therapy
	L	Speech Therapy
	[2] **Code 'C' is used on HCSRs for other than Active Duty family members. Do not report in conjunction with first position Code 'A'.**	
	If the first position of Type of Service is 'P', the second position (see above) must be 'H'.	
ALGORITHM	N/A	

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **The first position values must be consistent for all detail occurrences in the HCSR; however, 'I', 'M' and 'K' can be reported on the same HCSR. Separate HCSR suffixes are required for 'A,' 'C,' 'O,' 'P', and 'N'.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	TYPE OF SUBMISSION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-175	1	Yes[1]
Non-Institutional	2-175	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.

DEFINITION	Code indicating the HCSR submission type.

CODE/VALUE SPECIFICATIONS	A	Adjustment to prior HCSR data
	B	Adjustment to non-HCSR data
	C	Complete cancellation of prior HCSR data
	[2]D	Complete contractor denial initial HCSR submission
	E	Complete cancellation of non-HCSR data
	F	Adjustment to prior HCSR data, additional HCSR suffix
	G	Additional DRG Interim Billing (Institutional HCSRs only)
	I	Initial HCSR submission
	O	Zero payment HCSR due to 100% OHI/ Third Party Liability payment
	R	Resubmission of an initial HCSR (Type of Submission was 'I') that was rejected due to errors

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING CODE

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Non-HCSR data codes 'B' and 'E' are to be used when reporting a cancellation or adjustment for a claim that was initially processed not using HCSR format. See Chapter 1, Section 3 for further instructions.**
[2] **Reference Addendum J for default values to be used on completely denied claims.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	UNITS OF SERVICE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-370	Up to 50	Yes

PRIMARY PICTURE (FORMAT)	Seven (7) signed numeric digits.
DEFINITION	The number of services rendered or number of days, by revenue category.
CODE/VALUE SPECIFICATIONS	Must be equal to or less than 9999.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
   N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	UTILIZATION DATA OCCURRENCE COUNT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Non-Institutional	2-280	1	Yes

PRIMARY PICTURE (FORMAT)	Two (2) unsigned numeric digits.
DEFINITION	The number of sets of procedure codes and related utilization data elements that occur on the record.
CODE/VALUE SPECIFICATIONS	Must be greater than 0 and less than 26.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
  N/A